

Pelvic adhesions are more apt to give pain than are those situated in the abdomen. The diagnosis is frequently difficult, and must be made by exclusion. There are usually no very marked signs. There are apt to be some constipation, indigestion, and perhaps obstruction. In some cases it may be necessary to perform an exploratory operation.

The treatment consists in massage and the wearing of a flannel bandage; but if the pain is severe, an operation to free the adhesions will be necessary for its relief. Some authors state that the same condition is left after an operation, but this is not accepted by Nicaise, who advises the division of the offending band in every case with pronounced symptoms.

DERMOID CYST OF THE ANTERIOR MEDIASTINUM.

DARDIGNAC reports (*Revue de Chirurgie*, 1894, No. 9) the following case: A soldier, twenty-two years old, applied to the Hôtel-Dieu. On entering the military service a prominence of the right chest was noted. Auscultation was negative. It was observed that marching induced some difficulty in respiration. On rising in the morning there was a period of severe coughing, terminating in efforts at vomiting. Finally he was obliged to give up.

There was nothing in the family or personal history that seemed to bear upon the present condition. The whole right chest was enlarged. After three weeks of expectant treatment an aspirating needle was introduced to the depth of seven centimetres at the most prominent part of the swelling in the mammary line and 800 grammes of yellowish liquid withdrawn. An examination showed that the fluid was not purulent. Improvement followed at once, fever was absent, there was no spitting of blood—in short, no consecutive phenomena were to be noted. A second aspiration, ten days later, gave issue to 500 grammes of a fluid similar to the first. Again immediate and more marked improvement followed, which persisted.

Three years later he applied for treatment again, with a swelling of the right side of the chest, being most prominent in the mammary region. It was rounded and resisting. The symptoms improved somewhat by rest, but the general condition was much the same. An operation was performed for the relief of the condition. After excising six centimetres of the fourth rib an aspirator was introduced into the fluctuating portion, and a thick, turbid, greenish fluid was withdrawn, not containing pus or blood, but mixed with particles resembling grains of rice colored with saffron. It was impossible to tell whether the sac was intrapleural or extrapleural. Its capacity was estimated at 1800 grammes. Irrigation brought out some skin, hair, and sebaceous matter, proving the tumor to be a sebaceous cyst. To remove the cyst would have required an extensive costal resection, and as the sac-wall was adherent on all sides it was decided to attempt to secure the obliteration of the cavity by exciting an inflammation. For this purpose tincture of iodine was employed and iodoform-gauze introduced. The patient had a slow convalescence, attended with some fever. Four months after the operation a small retrocosto-sternal cavity persisted, with a fistula twelve to fourteen centimetres deep, which remained as long as the patient was under observation, although it decreased somewhat in its dimensions. The patient gained in weight and seemed in perfect health. The author has collected twenty three similar cases from literature.

OPHTHALMOLOGY.

UNDER THE CHARGE OFGEORGE A. BERRY, M.B., F.R.C.S. EDIN.,
OPHTHALMIC SURGEON, EDINBURGH ROYAL INFIRMARY;

AND

EDWARD JACKSON, A.M., M.D.,
PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC; SURGEON TO
WILLS EYE HOSPITAL, ETC.

THE CEREBRAL VISUAL CENTRES.

Does there exist in the cerebral cortex a visual centre, constant in localization and well circumscribed? Where is it situated? What are its anatomic structure and physiologic functions? These are the questions discussed by DR. S. E. HENSCHEN, of Upsala, in the *Revue Gén. d'Ophthalmol.*, 1894, No. 8. He points out that in spite of many researches these questions are not yet answered, and brings to bear upon them his own exhaustive and extremely valuable "Contributions to the Pathology of the Brain," of which the first half of Part III. has recently been issued.

Normal anatomy, he thinks, can never solve the problem, Which of the more or less uniform cerebral cells are endowed with the property of perceiving the impressions of light? The experiments of physiologists upon the lower animals have led to results too diverse to inspire confidence. There is no certainty of exactly similar localization and structure in the lower animals and man; while accurate observations, that are often impossible in patients lacking intelligence, are still more out of the question for brutes. Even the method of degeneration, accurate and valuable as it is, does not indicate the function of the parts involved, but only that they are intimately related. Thus, one of Henschen's cases, blind of leprosy for fifty years, showed complete destruction of the eyeballs and chiasm, and complete atrophy of the optic nerves and tracts, atrophy of the external geniculate bodies, pulvinar anterior corpora quadrigemina, the radiations of Gratiolet, and, besides, atrophy extending not only into the occipital lobe, but also into the parietal and temporal lobes. Certainly some of these atrophied fibres, though they have importance in the complex mechanism of vision, do not conduct the impressions of light to the visual centres. Their destruction alone would produce no blindness of a corresponding portion of the visual field. Only the anatomico-clinical method can guide our researches on the localization of the visual centre and its limits.

Applying this method to the questions under discussion, one must consider both the positive cases of hemianopsia and the negative cases as well. Having collected from medical literature all of these recorded with sufficient accuracy to throw light upon the subject, and having carefully analyzed and grouped them, he has arrived at the view that *the cortical visual centre is limited to the*